FORM D

RECEIVED

RECEIVED

AUG 2 8 2006

AUG 2 13 49 UN

SEC 1972 (6-02)

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPRO	VAL
OMB Number:	3235-0076
Expires:	
Estimated average	burden
hours per response	

SEC USE ONLY										
Prefix	Serial									
DATE R	ECEIVED									
1	1									

Name of Offering Check if this	s is an amendment	and name has changed, a	nd indicate change.)		0 1 01	
Titan Global Sin	tretainme	ent Inc. G.	Florida lass	madia	PRIVATE FLAR	PM
Filing Under (Check box(es) that appl		04 🔲 Rule 505 📈 Ri	lle 506 Section 4(6)	ULOE		
Type of Filing: New Filing [Amendment	O				
		A. BASIC IDENTIFI	CATION DATA			11111
1. Enter the information requested	about the issuer					
Name of Issuer (check if this is	an amendment and	i name has changed, and	indicate change.)		06045987	
Titu (16) 5	1 1.	nest Tax.	3 ,			
Address of Executive Offices	148 121198		City, State, Zip Code)	Telephone N	umber (Including Area Code	
11097 BELLINE	· Shal.	Sufe #200)	Maron, FL 3316	1 (305	- I	,
Address of Principal Business Operat	ions	(Number and Street	, City, State, Zip Code)	Telephone N	Number (Including Area Cod	e)
(if different from Executive Offices)						
Brief Description of Business						
						1
			·			
Type of Business Organization						
corporation business trust	·	artnership, already formed artnership, to be formed	other (pi	case specify):	1 527 0 603	
		Month Year			WORRDIN - /W	
Actual or Estimated Date of Incorpora	ation or Organization		Actual Estim	ated \	\\FINANCIAL	
Jurisdiction of Incorporation or Organ		vo-letter U.S. Postal Serv	ice abbreviation for State:		0	
	CN for	Canada; FN for other for	reign jurisdiction)			
GENERAL INSTRUCTIONS						
Federal: Who Must File: All issuers making an 77d(6).	offering of securition	es in reliance on an exemp	otion under Regulation D o	r Section 4(6), 1	7 CFR 230.501 et seq. or 15 U	J.S.C.
When To File: A notice must be filed and Exchange Commission (SEC) on which it is due, on the date it was ma	the earlier of the da	ate it is received by the SI	EC at the address given be			
Where To File: U.S. Securities and E	Exchange Commiss	ion, 450 Fifth Street, N.V	V., Washington, D.C. 205	49.	•	
Copies Required: Five (5) copies of to photocopies of the manually signed co	this notice must be	filed with the SEC, one of			opies not manually signed m	ıst be
Information Required: A new filing rethereto, the information requested in P not be filed with the SEC.						
Filing Fee: There is no federal filing	ş fee.					
State: This notice shall be used to indicate r ULOE and that have adopted this for are to be, or have been made. If a st accompany this form. This notice sl this notice and must be completed.	orm. Issuers relying tate requires the pa	g on ULOE must file a sayment of a fee as a prec	eparate notice with the So condition to the claim for	ecurities Admin the exemption,	istrator in each state where a fee in the proper amount	sales shall
		ATTENT	10N			
Failure to file notice in the apappropriate federal notice will filing of a federal notice.		s will not result in a	loss of the federal ex			
Persons	s who respond t	o the collection of inf	ormation contained in	this form are	not	

required to respond unless the form displays a currently valid OMB control number.

L

1 of 9

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
 Each promoter of the issuer, if the issuer has been organized within the past five years; 	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more	of a class of equity securities of the issuer.
• Each executive officer and director of corporate issuers and of corporate general and managing partners	of partnership issuers; and
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: Promoter Beneficial Owner K Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Deveriers James	
Business or Residence Address (Number and Street, City, State, Zip Code)	, 50 i
11077 BislayHe Blad, Justo # 300 Mans	2016/
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
FUCH. Sim	
Business or Residence Address (Number and Street, City, State, Zip Code)	
11017 BISEAUNE Bhd. Suite 7300, Mani I	L 33/6/
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
11017 BISCAUSE RAND Surte #300 MIAMI F	1 33/6/
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	·
Business or Residence Address (Number and Street, City, State, Zip Code)	
(Use blank cheet or conv and use additional conies of this cheet as necessary	n)

	·			В. П	NFORMAT	ION ABOU	T OFFER	ING		and the second		
1 Hanth	e icener col	d or does t	he iccuer i	itend to se	II to non-a	ccredited	nvestore :	n this offa-	ina?		Yes	No
1. Has the	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.									Ę		
2. What i	s the minin	num investr	nent that w	iii be acce	pted from a	any individ	iuai?	•••••••••••	••••••	•••••	S S L	Ale
3. Does the offering permit joint ownership of a single unit?												No 💞
		tion reques										/h
If a per or state	son to be li	nilar remune sted is an as ame of the b , you may s	sociated pe proker or de	rson or age aler. If mo	nt of a brok ore than five	cer or deale e (5) person	r registere ns to be lis	d with the S ted are asso	SEC and/or	with a state	e	
Full Name	(Last name	first, if ind	ividual)									
Con	agay up	Chil	· 1		····			····	<u> </u>			
Business or	Residence	Address	umber and	l Street, Ci	ity, State, Z	Lip Code)	,	M			===== 0 0	
Business or	1 5	ISCAY.	NP X	JNJ.	211	to ==	200,_	14/100	31 1	<u> </u>	5316	
Name of As	ssociated B	roker of De	aier	<i>y</i>			-		<i>y</i>			
States in W	hich Person	n Listed Ha	s Solicited	or Intende	to Solicit	Purchasers						
		s" or check									∏ Al	1 States
	دیکیا		محجنا		[25]		 C22 (2-1	(5 .27)			ستعشا 	[
AL	AK	AZ	AR	(CA)	CO	CT	DE	DC	<u>afl</u>	(GA)	HI	
		IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE SC	NV]	NH]	NJ	NM	NY	NC]	ND ND	TOHI	OK W	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	(WV)	WI	WY	PR
Full Name	(Last name	first, if ind	ividual)									· · · · · · · · · · · · · · · · · · ·
Business o	r Residence	e Address (Number an	d Street, C	ity, State,	Zip Code)				<u>,</u>		- n
Name of As	sociated B	roker or De	aler									· · · · · · · · · · · · · · · · · · ·
States in W	hich Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers				,, <u>-</u>		
(Check	"All State	s" or check	individual	States)							□ Al	l States
(<u> </u>	
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	[WV]	WI	WY	PR
Full Name	(Last name	first, if ind	ividual)		······································						·	
Business o	r Dagidana	Address (Number on	d Street C	ity State	Zin Code)						
Dusiness 0	r Kesidelici	e Auuress (r	Number an	u Sueet, C	ity, State, a	zip Code)						
Name of As	sociated B	roker or De	aler			· · · · · · · · · · · · · · · · · · ·						
States in W	hich Person	n Listed Ha	s Solicited	or Intends	to Salicit	Purchasers	·					
											A1	l States
(Спеск	. All State	s" or check	incividual	states)	***************************************		•••••	****************		••••••	∐ Al	l States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL	ĪN	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
ावा	اعدا	ह्या	ודתו	TY	<u> </u>	VT	VA	WA	(WV)	TW/T	WV	PP

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount alrea sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, che this box and indicate in the columns below the amounts of the securities offered for exchange a already exchanged.	ck				
	Type of Security		Aggrega ffering F		Amo	ount Already Sold
	Debt	\$	C	2	\$	O
	Equity	 }\$,000,	600	\$ /	101,800
	Common Preferred		, ,			
	Convertible Securities (including warrants)	\$	0		\$	0
	Partnership Interests	\$	Ø		s	0
	Other (Specify)	\$	0		\$	0
	Total				\$ 0.0	101,800
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in the offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	ate eir	Number Investor		Doi	Aggregate llar Amount Purchases
	Accredited Investors		0		\$	0
	Non-accredited Investors		0		\$	0
	Total (for filings under Rule 504 only)		(m)		\$	0
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities old by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1	he				
	Type of Offering		Type of Security	,	Do	llar Amount Sold
	Rule 505	<i>[</i> 2	EMA C		\$	01,800
	Regulation A		Ø.		\$	
	Rule 504		0		S	
	Total				\$ <u>-0</u>	.00 101800
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insure The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	er.				
	Transfer Agent's Fees	·····	•••••		\$	640.00
	Printing and Engraving Costs				\$	0
	Legal Fees		•••••		\$	0
	Accounting Fees			П	\$	
	Engineering Fees	·····	•		\$	
	Sales Commissions (specify finders' fees separately)	•••••	•••••	$\overline{\Box}$	\$	0
	Other Expenses (identify)		•••••		\$	0
	Total				s_0.0	00 640.00

	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			\$	101,160
i.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.				ŕ
		Óf Dire	nents to ficers, ctors, & liates	•	rments to Others
	Salaries and fees	\$		\$	_0
	Purchase of real estate	<u>\$</u>	0_	\$	_0
	Purchase, rental or leasing and installation of machinery		•		
	and equipment			☐ \$	<u>#</u>
	Construction or leasing of plant buildings and facilities	□\$		□\$	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	¬s	0	□\$_	D
	Repayment of indebtedness		0		01.160
	Working capital	 	0	s	<u> </u>
	Other (specify):	_ □ s	0	_ s	0
		s		\$	
	Column Totals	s_ <u>0.0</u>	00	s <u>~€</u>	101,160
	Total Payments Listed (column totals added)				4160
i ja	D. FEDERAL SIGNATURE				
ig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of l	sion, up	on writte		
1	Clobal Enter toward Inc. Jako	Date	7-06		
la	ine of Signer (Print or Type) Attle of Signer (Print or Type) Lo-Mailman				
	ison in the man				

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Ford D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by th issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	uer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned thorized person.
suer (Print or Type) Date

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

3 2 4 1 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of offered in state amount purchased in State investors in State waiver granted) (Part C-Item 1) (Part C-Item 2) (Part B-Item 1) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes No **Investors Investors** Yes No State **Amount** Amount AL ΑK AZAR 0 CA 0 CO 0 0 CTD 0 0 X D 0 DE 0 0 DC 0 0 Commons FL 0 5000.000 Common GA 0 Н ID 0 0 Comon 3000 IL 5,000,000 Pannow IN IA 0 KS KY 0 0 LA 0 0 ME MD 0 MA 0 MI 0 Ó MN 0 0 0 MS 0 0 0

APPENDIX

4 2 3 1 Disqualification under State ULOE Type of security Intend to sell (if yes, attach and aggregate offering price Type of investor and explanation of to non-accredited offered in state amount purchased in State investors in State waiver granted) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) (Part E-Item 1) Number of Number of Non-Accredited Accredited Investors **Investors** State Yes No Amount Amount Yes No MO 0 MT NE 0 NV NH 0 0 NJ NM NYNC ND OH OK OR D PA RI SC SD TN 0 TX0 UT VT VA WA 0 WV WI 0 0

APPENDIX

	<u> </u>			APP	ENDIX	Agricological States of			
1		2	3 Type of security			4			lification ate ULOE
	to non-a	to sell accredited as in State 3-Item 1)	and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY		l &		0	6	_0	P		X
PR		1 de		0	0	0	0		K